

State Trauma Advisory Subcommittee
October 5, 2016
Conference Call

Attendees: Jeff Boyd, Robert Domeier, John Fath, Diane Fisher, Amy Koestner, Deanne Krajkowski, Pat Patton, and Wayne Vanderkolk

Guests: Debbie Condino, Helen Berghoef, Deb Detro-Fisher, Tammy First, Theresa Jenkins, Suzie Karls, Bob Loiselle, Cheryl Moore, Chris Mullen, Deb Wiseman, and Eileen Worden

Call Order: 9:01 a.m.

Minutes from August 2, 2016 meeting: Approved.

Old Business:

- ❖ 164 applications were submitted for the Michigan Trauma System Development Projects. A total of 76 applications were funded in four categories: Injury Prevention, Trauma Education, Performance Improvement and Trauma Infrastructure. At the end of the project year a report will be developed.
- ❖ Deterministic Data Linkages RFP was posted on the State of Michigan's electronic grant system. There were no responses to the first posting and only two applications were received for the second posting. Neither application satisfied the project requirements. The concept of deterministic linkages will be re-visited to determine next steps.
- ❖ 275 participants registered for the October 4th Michigan Trauma Conference. The conference went well and presenters did a great job. A big thank you to Theresa Jenkins, Suzie Karls, and the Michigan College of Emergency Physicians for all the hard work in putting the conference together.
- ❖ Education report still pending.
- ❖ The trauma administrative rules were approved by the EMSCC without changes. The next step is for the rules to go through the State of Michigan's Administrative Rules process including the Legislative Services Bureau and the Office of Regulatory Reinvention.
- ❖ The revised regional trauma network work plans and applications are due in 2017. During administrative rule revisions, new plan objectives were added: Infrastructure and Continuum of Care. A motion was made and carried to use the new objectives in the regional work plans for next year. The other work plan objectives will remain the same; Injury Prevention, Communications, Regional Performance Improvement, Trauma Education.

Designation:

- ❖ The Designation Subcommittee met on September 15, 2016. Michigan now has 41 designated trauma facilities. The updated list can be found on the Trauma Section's website. Due to lack of designation applications, the Designation Subcommittee will not meet in November and will reconvene on January 10, 2017.
- ❖ An in-state site visit for a facility seeking level IV verification and designation in Region 3 has been scheduled for November 16, 2016.
- ❖ Provided in the meeting packet was page 55-56 of the ACS clarification document with new clarification language for CD 11-86. The statement clarifies that APP's functioning as a member of the team caring for trauma activation patients via assessment or interventions must be current in ATLS, whereas APP's whose only role is as a scribe or entering orders would not need to meet the ATLS requirement. There was some discussion among the committee about the availability of ATLS courses. Dr. Vanderkolk stated that most facilities are submitting ATLS courses with less than 75% occupancy across the state.

Data:

- ❖ Allen Stout resigned his position as Trauma Epidemiologist effective September 29, 2016. The vacant position will be posted soon.

- ❖ The state trauma registry had increased trauma incident data by 11% since July 15, 2016.
- ❖ 107 acute care hospitals (80% of MI) have entered data into the trauma registry in 2015 and/or 2016 – up from 102 as of August 2016.
- ❖ Current submissions for 39 of 41 designated trauma facilities.
- ❖ Next quarterly trauma registry submission deadline is December 15, 2016.

Regional Trauma Reports:

❖ **Region 1:**

Presented by: Theresa Jenkins, Region 1 Trauma Coordinator

- Regional education day will be in November. Focus will be on PIPS using mock case reviews in order to help TPM's learn the structure and processes when conducting their program PIPS meetings.
- Region 1 currently has one Level IV and two Level III's who have their policies in place, and have begun activating traumas. One facility was granted provisional status.
- RTAC met and reevaluated the Region 1 work plan, using the rating scale from the application. Also worked on SMART objectives for the next application period.

❖ **Region 2 North:**

Presented by: Chris Mullen, Region 2 North Trauma Coordinator

- Region 2N was awarded 9 trauma grants: 2 injury prevention and 7 educational grants, totaling \$171,351. The grants will bring the TCAR, PCAR, PHTLS, TNCC and Safe Wheels and Heals to the area. In addition, the funding will support an online Field Triage Decision program and a smart driving simulator.
- A Senior Support day was held in September; it was well attended and the program addressed *Matter of Balance*, car fit, and medication review. The program was supported by multiple hospitals, local Fire and EMS programs.
- The region will now focus on developing the RPRSO program and the regional trauma network re-application.

❖ **Region 2 South:**

Presented by: Eileen Worden for Wayne Snyder, Region 2 South Trauma Coordinator

- The IP subcommittee is developing an IP resource guide to support efforts to reduce top 2 injuries: falls and MVA's.
- The data subcommittee reviewed regional patient transfer data and identified a need for additional information regarding ISS and double transfers.
- The education subcommittee continues monthly educational newsletter publication & subcommittee will begin a newsletter for EMS education this fall.
- Med Oversight, Bypass/Diversion and Access/Communication have gone as far as they can with the current objectives.

❖ **Region 3:**

Presented by: Bob Loiselle, Region 3 Trauma Coordinator

- RTN elections for Board and Committee Chairs were held in July. There are several new members as well as a few individuals who retained their seats for another two years.
- Region 3's first in-state designation site visit will be in November.
- Dr. Michael McCann, the Trauma Medical Director at Hurley Medical Center stepped down from his position at Hurley prior to the July trauma meetings. In the interim, Dr. Leo Mercer has assumed the position of Trauma Medical Director.
- Four Region 3 facilities received funding for Michigan Trauma System Development projects.

❖ **Region 5:**

Presented by: Deb Wiseman, Region 5 Trauma Coordinator

- All 16 regional hospitals are successfully submitting data to the registry.
- Regional PSRO is reviewing the destination over and under triage for appropriate by-pass.
- Eight of nine Region 5 counties adapted the Triage/Destination protocols.
- First facility in the region (Level III) had an in-state site visit.
- Region 5 received funding for 10 Trauma System Development projects.

❖ **Region 6:**

Presented by: Helen Berghoef, Region 6 Trauma Coordinator

- Regional destination protocol approved by RTN.
- Region 6 had multiple trauma system development projects funded, primarily in the Injury Prevention and Education categories.
- RTN & RTAC officer elections will be in October.
- RPSRO will meet in November.
- Two more Region 6 hospitals submitted data to state trauma registry.

❖ **Region 7:**

Presented by: Deb Detro-Fisher, Region 7 Trauma Coordinator

- QATF approved the Region 7 Air Medical Protocol which allows for auto-launch of air medical services by dispatchers and EMS personnel. The Region's Education Subcommittee is now in the process of developing an on-going education training template.
- The next RPSRO meeting will address collection of data related to the policies and protocols developed by the Region along with a plan for periodic evaluation of compliance and effectiveness of the same. Of particular importance is the monitoring of the impact on the system and its patients with the adoption of the air medical auto-launch process.
- The Injury Prevention Subcommittee is conducting an inventory of available regional injury prevention resources in order to better identify and fill gaps in underserved areas. This will also open up more opportunities for prospective Level III's and IV's to become involved in regional injury prevention.

❖ **Region 8:**

Presented by: Cheryl Moore, Region 8 Trauma Coordinator

- RTAC will meet next week to develop the Regional Injury Prevention plan.
- All but one Region 8 hospital continues to actively develop their trauma infrastructure and remain engaged in the regional committees and activities.
- 10 Trauma System Development projects were approved for the region.
- Work plans are under review by the regional partners.

New Business:

- ❖ Cheryl Moore has resigned from the Region 8 Trauma Coordinator position effective October 21, 2016. However, she will continue working with the Trauma Section part-time.
- ❖ The National Highway Traffic Safety Administration (NHTSA) will be performing their assessment of Michigan during the last week of March 2017. More information will be forthcoming.
- ❖ The appointments for STAC will expire in December of 2016. Eileen Worden requested the current STAC members to serve through 2018 to retain the experience and expertise to assist with the NHTSA assessment and continued

guidance with the verification/designation program. All members were asked to send an email to Eileen Worden regarding their willingness to serve one more year.

- ❖ A draft schedule of meetings for 2017 will be presented to the committee at the December 5, 2016 STAC meeting. In addition, a strategic planning day to develop an updated Trauma System plan will be scheduled for the committee in the fall of 2017.

The next STAC meeting is **Monday, December 5, 2016** at the Michigan College of Emergency Physicians.

Meeting adjourned 9:53 a.m.